


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90132 032 \*\*\*150.00

DOCUMENT # P00000023313		
1. Entity Name ALL NATURAL WATER RESTORATION, INC.		

Principal Place of Business 312 CROSSWINDS DR. PALM HARBOR FL 34683	Mailing Address P.O BOX 984 PALM HARBOR FL 34683
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2. Principal Place of Business 2783 Eastridge Dr.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Harbor FL	City & State
Zip 34683	Country Pinellas



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent TOROK, JOANNE 312 CROSSWINDS DR. PALM HARBOR FL 34683		7. Name and Address of New Registered Agent Name TOROK, Joanne Street Address (P.O. Box Number is Not Acceptable) 2783 Eastridge Dr. City Palm Harbor FL Zip Code 34683	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joanne Torok - President Joanne Torok 3-7-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD TOROK, JOANNE 312 CROSSWINDS DR. PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Torok, Joanne 2783 Eastridge Dr Palm Harbor, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne Torok 3-7-05 (121) 747-0783  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #